

UTILIZING DATA TO IMPROVE CHILD WELLBEING THROUGH COMMUNITY ACTION



TABLE OF CONTENTS

| | |
|--|----|
| Acknowledgements | 2 |
| Purpose, Use, and Development | 3 |
| Background | 5 |
| Policy Change Occurs through Data | 8 |
| Utilizing Data to Educate about the Need for Policy Change | 9 |
| 1. Assess | 9 |
| 2. Educate | 10 |
| 3. Train | 11 |
| 4. Act | 11 |
| 5. Evaluate | 12 |
| Data-Driven Decision-Making Strategies | 13 |
| Community Engagement | 13 |
| Local Policy Change | 14 |
| Utilizing Data to Create Compelling Community Stories | 15 |
| Community Narratives | 15 |
| Data Visualizations | 16 |
| Child Wellbeing Data Matrix | 19 |
| Glossary | 25 |
| Additional Resources | 28 |
| References | 29 |

ACKNOWLEDGEMENTS

This resource was developed in partnership by the [All Children Thrive - California \(ACT\)](#) and the [California Essentials for Childhood \(EfC\) Initiative](#), a project of the [California Department of Public Health, Injury and Violence Prevention Branch \(CDPH/IVPB\)](#) and the [California Department of Social Services, Office of Child Abuse Prevention \(CDSS/OCAP\)](#).

The ACT aims to catalyze relationships throughout the state of California to promote child wellbeing in cities. The ACT achieves this vision by bringing together youth, community members, community serving organizations, and city officials, coaching cities to more effectively organize, advocate, and learn. The EfC Initiative is a project funded by the Centers for Disease Control and Prevention (CDC) and led in partnership by the CDPH/IVPB and the CDSS/OCAP. The EfC Initiative seeks to address child maltreatment and Adverse Childhood Experiences (ACEs) as a public health issue; aims to raise awareness and commitment to promote [safe, stable, nurturing relationships and environments](#); creates the context for healthy children and families through social norms change, programs, and policies; and utilizes data to inform actions. Stakeholders engaged in the EfC Initiative's Data and Policy/Strengthening Economic Supports Subcommittees informed and provided feedback on this resource as it supports their efforts to develop data-related policy, guidance, and projects and assists ACEs and child maltreatment prevention stakeholders with being data-informed.

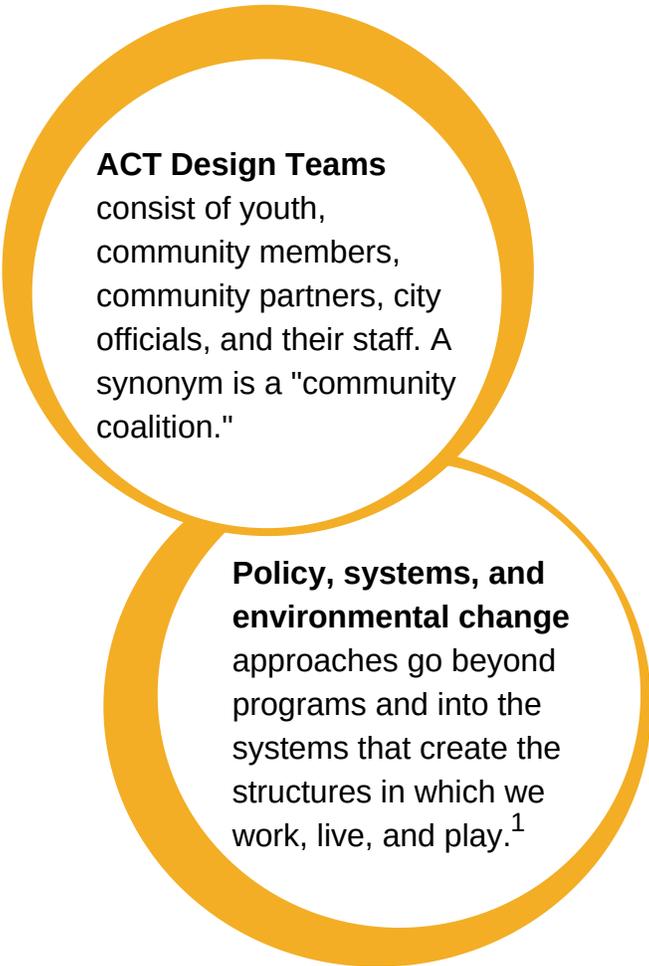
Utilizing Data to Improve Child Wellbeing Through Community Action benefited from the generosity and support of the following partners who contributed to the development of this resource:

- ACT Equity Advisory Data and Evaluation Workgroup
- EfC Initiative Data Subcommittee
- EfC Initiative Policy and Strengthening Economic Supports Subcommittee
- ACT Design Team Members

PURPOSE, USE, AND DEVELOPMENT

Utilizing Data to Improve Child Wellbeing Through Community Action is intended to assist **ACT Design Teams**, advocates, and local coalition facilitators who are working to assess community needs, identify health inequities, and educate about the need for policy change that improves the lives of California's children. It includes recommended existing data sources that can support these efforts. This resource is also designed to identify best practices in data and information systems for monitoring child adversity, health, development, and child wellbeing in order to build community support and create **policy, systems, and environmental change**.¹

Utilizing data is a powerful and necessary tool in undertaking a public health approach to prevention and reducing childhood adversity. Timely and reliable data are essential for monitoring the extent of the problem, determining how best to utilize resources, and evaluating the impact of prevention efforts. Data are also necessary for program planning and implementation.² This resource highlights existing data sources that can support communities in their efforts to both understand and tell their stories to improve child wellbeing at the local-level.³



ACT Design Teams consist of youth, community members, community partners, city officials, and their staff. A synonym is a "community coalition."

Policy, systems, and environmental change approaches go beyond programs and into the systems that create the structures in which we work, live, and play.¹

Certain limitations exist with data sources, such as availability of state-level data as well as community-level data that may support local efforts to understand community needs to support change. Examples of various data efforts in this resource may help Design Teams/ community coalitions to tell the local story of their community needs. For those who are interested in receiving technical assistance and learning more about how to collect data, please consider reaching out to [ACT](#).

In this document, you will find:

Ways in which data can be utilized to educate about the need for policy change

How to utilize qualitative and quantitative data at each step of the policy change process

Strategies to consider to improve local data-driven decision-making

Approaches to utilizing data to create compelling community stories

A matrix of existing child wellbeing data

Initial development of this document was based on information gathered through engagement with the members of the ACT Data Equity Workgroup, multiple discussions with subject matter experts, and research on best practices. Throughout the lifecycle of this project, the EfC Initiative, a statewide coalition of ACEs and child maltreatment stakeholders, provided input on the content and strategies.

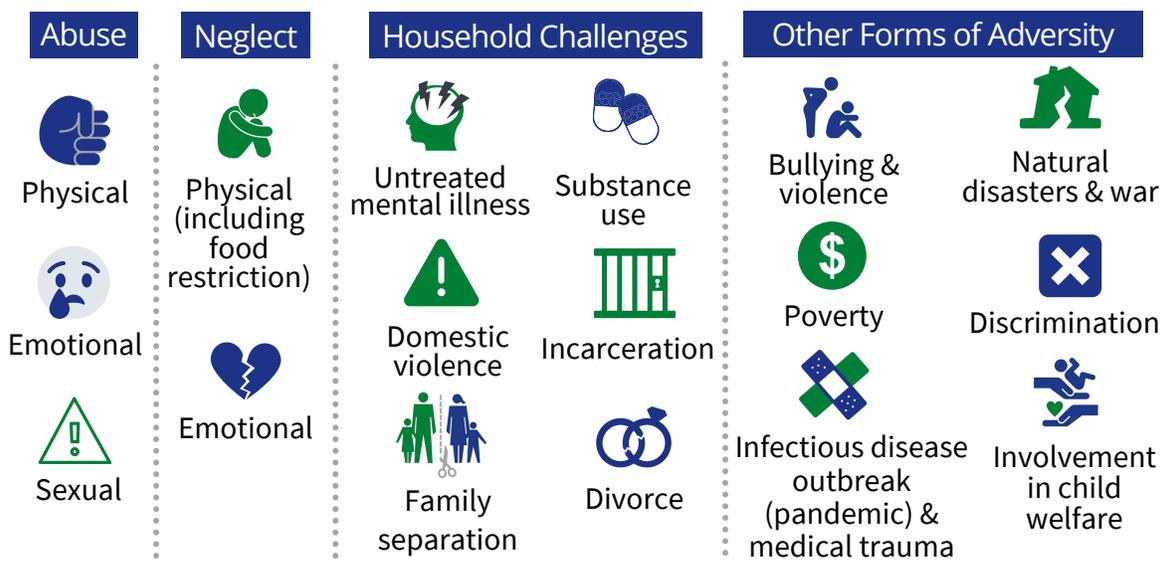
Consumer testing was conducted with coalition facilitators across the state to further refine and tailor content. Subject matter experts working in advocacy, public health, and child-serving systems supported the finalization of the *Utilizing Data to Improve Child Wellbeing Through Community Action* resource. Finally, guidance provided by subject matter experts led to the prioritization of recommendations on data best practices for utilizing data to support education about the need for policy change at the local-level.



BACKGROUND

Children’s experiences at home, school, childcare centers, and in the community where they walk, roll, run, play, and grow can either come together to compound adversity and trauma or create opportunities for care and thriving.⁴ This web of influence not only includes the structures and organizations that guide and influence healthy human development but also the policies, procedures, and values that set priorities for children and their families.⁵

Adverse Childhood Experiences (ACEs) are traumatic events that occur before age 18, including physical, emotional, or sexual abuse, emotional or physical neglect, and other types of household challenges, such as mental illness, substance use, incarceration, parental separation or divorce, or witnessing domestic violence.⁶ ACEs are highly prevalent and can have long-term negative health effects by creating toxic stress. Without buffering supports from trusted caregivers and safe, stable, and nurturing environments, experiencing high doses of adversity early in life may lead to prolonged activation of the biological stress response and changes in brain structure and function that can affect growth and development. This response in the body is known as toxic stress.⁷ Experiencing four or more ACEs is associated with significantly increased risk for nine out of ten leading causes of death, such as heart disease, cancer, diabetes, and suicide. In California, 62% of adults experienced at least one ACE, and 16% experienced four or more ACEs.⁸



The above image was adapted from the Robert Wood Johnson Foundation.⁹

In addition to ACEs, other social determinants of health can also be a risk factor for toxic stress. Toxic stress from other forms of childhood adversity (e.g., living in under-resourced neighborhoods, impacts of poverty, historical and ongoing traumas due to systemic racism) can change children’s brain development and have lasting, negative effects on their health, wellbeing, and opportunity.³

The COVID-19 pandemic has led to children and families in California experiencing extreme economic hardships, social isolation, and increased stress.¹⁰

Instances of child maltreatment are going unreported. Children had fewer interactions with trusted adults outside the home, and early indicators show that child abuse and neglect reports declined during the pandemic. The California Department of Social Services reported that there were 28% fewer calls to child abuse hotlines from April 2020 to August 2020 compared to reports from the same period during the previous year.¹¹ Therefore, it is critical more than ever for ACT Design Teams, local coalitions working to improve child wellbeing, and advocates to engage in primary prevention efforts to mitigate the effects of trauma and address the root causes of childhood adversity in California’s communities.

ACEs are preventable.² Primary prevention efforts (e.g., mobilizing communities and neighborhoods to create the change they want to see, educating decision makers about the issues and potential solutions, etc.) can address the problem before it even begins.¹²

Utilizing data to empower communities to create policy change is a critical primary prevention strategy because policies can create safe, stable, nurturing relationships and environments for children to grow and flourish in. Data also plays a critical role in monitoring the impacts of secondary and tertiary prevention of childhood adversity and trauma. Having systems in place to screen for ACEs, monitor inequities, and assess school readiness are additional safeguards to help track and mitigate the impact of adverse events.⁷



Successful policy, systems, and environmental change depends on access to data that is compelling and supports ACT Design Teams/community coalitions in their efforts to educate about the need to undertake action and advocate for the change they wish to see. These groups can be comprised of youth, community members, representatives from community-based organizations, and decision makers.

There are many sources of data that can assist a community in telling the story of what child wellbeing or adversity looks like in their community.

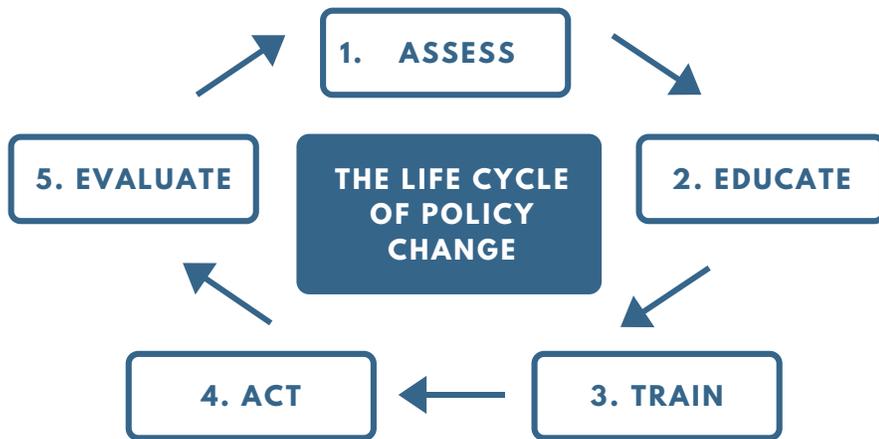
Examples of existing data sources that can assist with these efforts can be found on page 19. Examining simple community demographic data can be a helpful place to start. For example, knowing how many children live in an area and how old they are can support and inform decisions to select strategies that affect families with babies, school-aged children, or youth. Place-based data can also show where children live, what schools or community-based resources are available, and where there are gaps. Other examples of data that can assist with efforts for a community's efforts to determine the factors that lead to childhood adversity are included on page 19.



For the purposes of this document, policies are the written guidelines that individuals, communities, organizations, institutions, and governments utilize when responding to situations and issues. Policies can take many different forms, such as local ordinances, contracts, organization or business policies, and agency regulations.¹³ For more information about what is and is not policy, consider utilizing [ChangeLab Solutions' "What is Policy?" resource](#).

When thoughtful, equitable, and community-driven policies are in place, supportive systems, and protective environments can emerge and be more effectively implemented.¹⁴

POLICY CHANGE OCCURS THROUGH DATA



The steps of engagement in local-level policy campaigns (i.e., the activities or efforts that are needed to bring about policy change) are often similar regardless of whether they are directed at organizations or if they are intended to result in a voluntary or legislated policy in a community.¹⁵

There are various approaches for undertaking a policy campaign, but regardless of the approach, access to data that is timely and relevant is critical at each step of community led change. For the purposes of this document, five steps will be utilized to describe where in a community-led policy change process efforts should be informed by data. The five steps of the policy change process often include some form of the following steps: assessment, education, training/technical assistance, action, and evaluation.

Policy Change Engagement Steps

Throughout the life cycle of policy change, leads of an ACT Design Team or coalition facilitators, are responsible for igniting, inspiring, and educating community members about the community's data so that they can make data-informed recommendations and select the best evidenced-based solution for the community to improve child wellbeing.

Certain limitations exist with data sources, such as availability of state-level data or community-level data that may support local efforts to understand community needs to support change. However, Key Informant Interviews (KIIs), focus groups, public opinion polls, and surveys are suggestions of four ways to collect local data that can supplement the Design Team/community coalition's understanding of where areas of strength and needs exist to support the identification and selection of priorities.

Existing data sets can also be leveraged when thinking about what information to use and present. It is important to assess what method of data collection is best to utilize depending on the step (see "Policy Change Engagement Steps") that is underway in the policy change process. For more information on additional ways to collect data, please visit [UC Davis Tobacco Control Evaluation Center's Collect Data webpage](#).

UTILIZING DATA TO EDUCATE ABOUT THE NEED FOR POLICY CHANGE

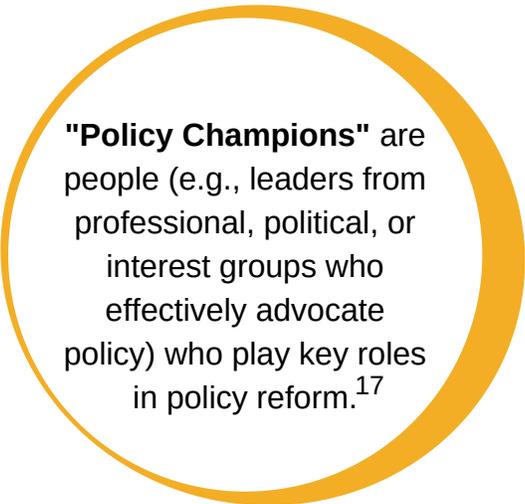
1. Assess

In the *Assess* step, efforts are undertaken to review and understand the needs of the community, key stakeholders, and the target jurisdiction. The focus of these data is to begin to narrow and select a policy strategy on which to focus.

- **Quantitative Data:** Review data that is specific to child wellbeing, such as data from KidsData, the ACT data dashboard, [American Community Survey](#), California Healthy Kids Survey (CHKS), and results of needs assessments undertaken by the local health jurisdiction. Learn more about existing data sources on page 19.
- **Qualitative Data:** Undertake 3-5 Key Informant Interviews (KIIs) with people that are familiar with the community (e.g., policymakers, decision makers, and/or community gatekeepers-those working on behalf of priority populations, faith community leaders, youth leaders) in the jurisdiction where interventions are planned to gain a greater sense of what leaders believe the problems to be that the community is facing and what policy strategies they are interested in pursuing to address them. It is recommended that KIIs are conducted in person for the purposes of building relationships and gaining facetime with leaders. For more information about key informant interviews, please visit the following resources:
 - [University of California, Los Angeles \(UCLA\) Center for Health Policy Research Key Informant Interviews resource](#)
 - [University of California, Davis \(UC Davis\) Tobacco Control Evaluation Center's Conducting Interviews resource](#).
- **Qualitative Data:** Review local ordinances and determine which policies have been adopted and/or implemented in the community. Document gaps and areas of strength and share this information with the community so that they can select a policy strategy that is needed to address a community problem. Once a policy strategy is selected by the community, support the Design Team/community coalition to complete a strategic planning activity such as a [Midwest Academy Strategy Chart](#) to ensure that the chosen strategy and resources are utilized effectively to create change and action. Midwest Academy Strategy Charts support communities to name goals, identify key considerations, recognize supporters, focus efforts, and decide upon tactics or approaches.

2. Educate

In the *Educate* step, data are utilized to educate key stakeholders and/or potential “Policy Champions” about what is learned in the “Assess” step of policy change and to motivate them to act. Using this information, policy strategies that could be a solution to the problem that the community has identified are selected.



"Policy Champions" are people (e.g., leaders from professional, political, or interest groups who effectively advocate policy) who play key roles in policy reform.¹⁷

- **Quantitative Data:** Utilizing relevant data gathered in the “Assess” step, draft talking points, potential counter arguments, and informational documents to be shared with decision makers, community gatekeepers, and community members to support efforts to educate and create action.
- **Qualitative Data:** Undertake a policy selection process through consensus (as often as possible) to determine and arrive at an action based on criteria, such as which data are most compelling to the community, where there is political will, community support, and other factors. See [ACT “Community Action Areas”](#) for more on strategies that improve child wellbeing.
- **Quantitative Data:** Develop and undertake a community intercept survey and get a sense of the level of support that exists for the policy strategy that is being considered by the Design Team/community coalition for action. How do the community members feel about the problem in the community? What type of policies or programs would they support or oppose? Determine if incentives will be provided to survey participants that are equal to the amount of time that they put in to respond. Summarize findings and include data within educational presentations with elected officials (e.g., individuals who are on a County Board of Supervisors, members of a city council, and/or members of their staff) or add them to “leave behind” materials. For more information about survey instrument development and examples of ways to survey a community, please visit the following resources:
 - [UC Davis Tobacco Control Evaluation Center’s Instrument Development webpage](#)
 - [Harvard University’s Simple, Inexpensive Approach to Sampling for Pedestrian and Bicycle Surveys article.](#)

3. Train

In the *Train* step, data are utilized to support community members as they learn about elevating critical data when providing public comment; for the Design Teams/community coalitions as they assess the quality of trainings that are provided to the community; and to conduct strategic planning activities.

- **Quantitative Data:** Utilize community data (see page 19) in trainings on advocacy and messaging with Design Team/community coalition members.
- **Quantitative Data:** Evaluate the quality of trainings with surveys and make adjustments to the content based on feedback.
- **Qualitative Data:** Complete strategic planning activities to strengthen Design Team/community coalition by conducting Asset Mapping activities. Asset mapping can support Design Teams/community coalitions to identify critical resources that can be utilized in policy campaigns, support identification of assets that strengthen the work, and where opportunities exist that could further the Design Team/community coalition's efforts to advance policy change.



4. Act

In the *Act* step, data are utilized in efforts and activities necessary to implement engagement strategies with elected officials, such as one-on-one educational meetings, presentations to the City Council or Board of Supervisors, or community member's public comment.

- **Quantitative/Qualitative Data:** Once invitations have been secured to provide presentations to City Council or Board of Supervisor meetings, utilize relevant data gathered in the "Assess" and "Educate" steps and add compelling quantitative and qualitative data findings to educational presentations.

- **Quantitative/Qualitative Data:** Utilize relevant data gathered in the “Assess” and “Educate” steps and add compelling quantitative and qualitative data findings to educational materials that will be disseminated as a "leave behind" during the educational presentations to City Council or Board of Supervisors.
- **Qualitative Data:** Determine where opportunities exist to support youth to create change. Youth Photovoice and Digital Storytelling projects can be powerful means of sharing about what the needs of young people are in the community. Both of these types of projects can be shared during City Council or Board of Supervisor meetings.

5. Evaluate

In the *Evaluate* step, data are utilized to assess the impact of efforts, activities, and determine next steps.

- **Qualitative Data:** Conduct post KIIs with key stakeholders, elected officials, and gatekeepers to determine what policy campaign strategies and activities were successful; where there is opportunity to replicate the process activities in the future; and where there are opportunities to build on efforts in the future.



- **Quantitative/Qualitative Data:** Compile what you learned, what worked, what you will change, and recommendations for next steps in Brief Evaluation Reports. For more information on final evaluation reports, please visit [UC Davis Tobacco Control Evaluation Center's Report Results webpage](#).

*The "Policy Change Engagement Steps" were informed by Midwest Academy Strategies and Public Engagement Strategies and Approaches.*¹⁶

DATA-DRIVEN DECISION-MAKING STRATEGIES

Below are strategies recommended by the EfC Initiative's Policy and Strengthening Economic Supports Subcommittee, Data Subcommittee, and ACT EAG for Design Teams/community coalitions to support community members in efforts to improve data-driven decision-making and create policy change that is led and designed by the community itself.

Community Engagement

- Include community members in project ideation, data collection, and analysis stages as much as possible.
- Consider health equity when collecting data by using categories that are applicable to the target population and able to identify variation that exists within broad racial/ethnic groups. These categories should be informed by available relevant data on the target population. Examples of factors to consider for data collection include:
 - Health and health care quality issues
 - Evidence or likelihood of disparities
 - Size of subgroups within the population
 - Nativity
 - Immigrant status
 - Language
 - Socioeconomic status.^{18,19}
- Compile the local data and present it to gatekeepers and community groups for discussion to support their efforts to select a policy strategy to improve child wellbeing.
- Train community members on how to effectively message with data.
- Review local ordinances and determine which policies have been adopted and/or implemented in the community. Document gaps and areas of strength and share this information with the community so that they can select a policy strategy that is needed to address a community problem.
- Explain the policy making process at the local-level to the Design Team/community coalition.
- Ensure that Design Team/community coalition members select the policy strategy that will be addressed utilizing systematic scoring criteria.
- Secure face time with elected officials for community members (e.g., one-on-one educational meetings) so that they can share about their needs, relevant data, and what change they want to see to address the identified problem.
- Evaluate what worked during the policy campaign and what did not. Present recommendations to the Design Teams/community coalition and hold a discussion to explore what changes to implement in future work.

Local Policy Change

- Elevate equity, accessibility, and cultural responsiveness in all efforts.
- Recruit and engage community members and advocates working on behalf of priority populations to ensure that the community's needs and perspectives inform all interventions.²⁰
- Be open and transparent about the purpose and goals of your project and funding requirements.
- Schedule meetings at times and days of the week that are easy for community members to attend.
- Foster equitable environments when using online platforms. Explore tips for facilitating small web conferences and meetings online.
- Provide stipends to offset the cost of volunteerism.
- Decide which policy strategy to undertake through consensus based on set criteria such as its ability to address systemic injustice and inequities; Design Team/Coalition Interest; Community Awareness; Political Will; Ongoing Funding Opportunities/Fundability; and Strategic Importance.

Priority populations:

Research shows that several sociodemographic factors are associated with health outcomes that are worse than the rest of the population. These factors include ethnicity, gender, sexual identity and orientation, disability status or special health-care needs, and geographic location. The people that make up these groups are referred to as **"Priority Populations."**²⁰



UTILIZING DATA TO CREATE COMPELLING COMMUNITY STORIES

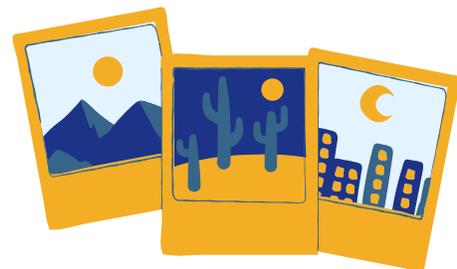
Activities that allow for community members to share compelling data in their public comments, support one-on-one educational presentations with elected officials and/or their staff, and to educate City Council or Board of Supervisors during meeting can drive local policy change and action. Supporting community members to develop "key messaging" and highlighting their messages in website content, special materials, and evaluation reports are some ways to further project efforts. It is important to be clear, transparent, and open when discussing with community members the various ways in which their data (e.g., community narratives and data visualizations) could be utilized and ensure informed consent.

Community Narratives

A combination of data visualizations and stories from community members can be used to create an effective and authentic narrative about one's community. The following three methods can be used to create a community narrative that could be utilized to prepare compelling educational presentations for decision-makers, elected officials, or community gatekeepers:

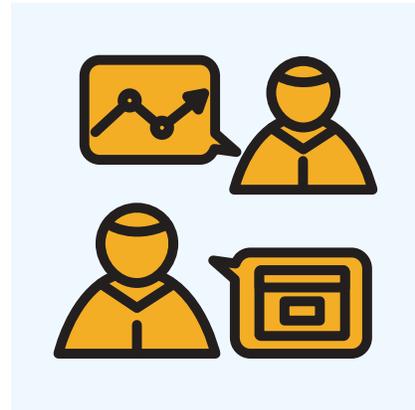
PhotoVoice: PhotoVoice is a process by which people can identify, represent, and enhance their community through a specific photographic technique and it can be utilized for the purposes of evaluation.²¹ For more information about PhotoVoice and its process, please see these trainings "[Photovoice: A Powerful Tool for Engaging Community Members](#)" and "[PhotoVoice for Evaluation](#)" from UC Davis Tobacco Control Evaluation Center.

Digital storytelling: Community captured images or use of digital tools that a community or youth member utilizes to depict and describe the impact of the problem identified by the Design Team/community coalition. It is helpful to highlight the solution that is desired. These can be shared during educational presentations, "gallery walks", or web formats, such as websites.



"Key Message" Development: Community members are supported in developing their message and supported in efforts to undertake advocacy. There are usually more than one foci of the key messages so that community members do not share the exact same data or counter argument. Often times, effective messaging by community members entails the following components:

- A brief personal story is shared about how the problem impacts the community member personally.
- Background information or context about the problem or success they want to highlight from their community.
- Use of data to identify the most urgent priority areas that will improve community wellbeing and whether or not the community supports the priority area selected.
- A concrete and specific "ask" for action based on citable local data, evidence based strategies, and research.



Data Visualizations

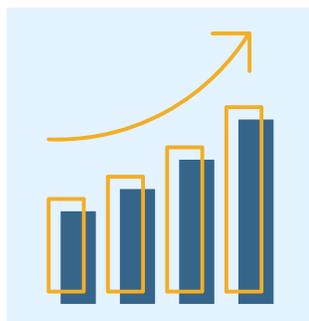
When using data to tell a story about your community's needs (e.g., Key Informant Interviews or Public Intercept Surveys, etc.), provide the following information about the source of data within educational materials, presentations, and/or public facing content:

- Who the study population was, what the sample size was, and who conducted the study
- What the aim of the study was or what was being measured
- Where the study took place
- When the study took place

Providing this information answers questions about study design, study population characteristics, and strengths and limitations of the data.

Visit [KidsData](#), a program of Population Reference Bureau (PRB), for information about how to craft your message and use tables, graphs, charts, and maps to tell your story.²²

Bar Graphs are a good choice when comparing the frequency or prevalence of a variable across groups or categories.

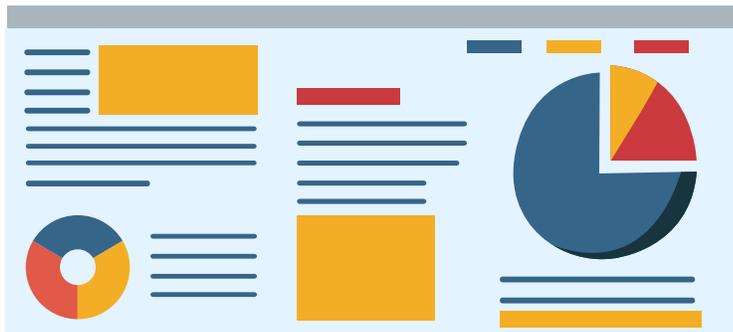
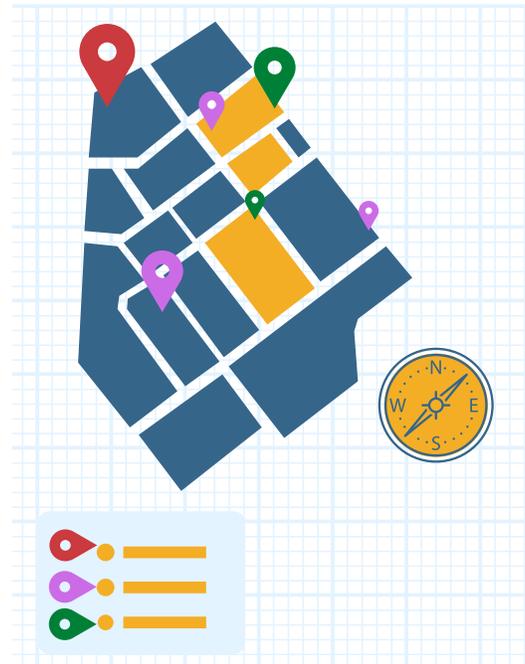


Line Graphs are useful when presenting trends over time. Line graphs allow readers to visualize an increase, decrease, or no change over time in prevalence or rates.



Maps can identify disparities and generate hypotheses about environmental factors contributing to risk of child maltreatment. If geographic data is available, keep the following tips in mind when you present a map:

- Include a legend
- Use white to represent areas with no data available
- Choose graduated colors that are easy to tell apart
- Choose a color scheme that fits well with the data (e.g., lighter colors represent lower numbers, shades of red can be used to depict negative health outcomes or green for positive health outcomes, etc.)
- Individuals may have various abilities to derive meaning from data that conveyed only through color. Consider where opportunities exist to add alt text within images or add highlights in a legend beside graphics



Pie Charts are a simple way to visualize proportions. Typically, variables with two to five categories work best for pie charts. Pie charts are visually appealing and make numbers stand out.

For more tips and tools to create effective data visualizations, visit the following resources:

- [UC Davis Tobacco Control Evaluation Center's Data Visualization webpage](#)
- [Evergreen Data's Data Visualization Checklist](#)
- [Depict Data Studio's Data Visualization Blog](#).

Community Narratives Spotlight

Explore three community narratives that used compelling anecdotes and data visualizations to raise awareness about a public health issue and motivate action:

[Call to Action: End Environmental Racism Now](#)

The Environmental Justice Legacy Pollution Cleanup Act will help clean up pollutants that disproportionately harm Black, Indigenous, and Latinx children and communities.

[Hunger Report 2020: The State of Food Insecurity in Greater Washington](#)

This report discusses food insecurity and inequity in greater Washington throughout the COVID-19 pandemic while exploring factors such as household income, education, and life expectancy based on one's birth district.

[Driving Towards Large-Scale Change in the District of Columbia \(D.C.\)](#)

This report maps Washington D.C.'s early childhood system approach to child health, development, education, and wellbeing. This narrative details the planning process for large-scale, sustainable change.



CHILD WELLBEING DATA MATRIX

There are many existing data sources related to child maltreatment, ACEs, and social determinants of health that are available and can build an understanding of what child adversity looks like at the local level. The table below is a good place to start. These data can support Design Teams/community coalitions as they work to create community-specific educational materials, presentations for gatekeepers or elected officials, or to support community decision-making as it works to create community-led action and change. This table is not a comprehensive catalog of all available data.

| Data Source | Topics | National, State or Local Data |
|--|--|--|
| <p><u>American Community Survey</u></p> | <ul style="list-style-type: none"> • Children in household • Demographics • Educational attainment • Employment • Family` • Health insurance • Housing • Income and poverty | <p>National State County City Census tract</p> |
| <p><u>Bay Area Equity Atlas</u></p> | <ul style="list-style-type: none"> • Affordable housing production • Business ownership and revenue • Commuting • Demographics • Diversity of electeds • Economic gains • Housing burden • Linguistic isolation • Market rent • Neighborhood opportunity • Voting | <p>State Region County Sub-county City</p> |
| <p><u>Behavioral Risk Factor Surveillance System (BRFSS)</u></p> | <ul style="list-style-type: none"> • ACEs • Alcohol consumption • Demographics • Healthcare • Health status • Injury • Nutrition • Physical activity • Smoking status | <p>National State County City</p> |

| Data Source | Topics | National, State or Local Data |
|--|---|---------------------------------------|
| <u>California Department of Education DataQuest</u> | <ul style="list-style-type: none"> • Academic performance • Chronic absenteeism • Demographics • Enrollment • Graduation rate • Suspension rate • School climate • Staff | State County District School |
| <u>California Health and Human Services Open Data Portal</u> | <ul style="list-style-type: none"> • Demographics • Diseases and conditions • Environment • Facilities and services • Healthcare • Resources • Workforce | State County Regional |
| <u>California Child Welfare Indicator Project</u> | <ul style="list-style-type: none"> • Child maltreatment • Child welfare | State County |
| <u>Children Now Scorecard</u> | <ul style="list-style-type: none"> • Child welfare • Health • Education | State County |
| <u>California Health Interview Survey (CHIS)</u> | <ul style="list-style-type: none"> • Access to and use of health care • Child care and school • Demographics • Employment • Health behaviors • Health status • Housing • Income • Mental health • Women’s health • Sexual violence | State County |
| <u>California Healthy Kids Survey (CHKS)</u> | <ul style="list-style-type: none"> • Health behaviors • Physical health • School engagement • School safety • Social emotional health • Substance use • Youth supports | State School District School |

| Data Source | Topics | National, State or Local Data |
|---|---|---|
| <u>County Health Rankings & Roadmaps</u> | <ul style="list-style-type: none"> • Clinical care • Demographics • Health behaviors • Health status • Physical environment • Socioeconomic status | National State County |
| <u>Diversitydatakids.org, Child Opportunity Index (COI)</u> | <ul style="list-style-type: none"> • Child opportunity index (COI) • Demographics • Early childhood • Education • Family • Health • Housing • Income • Neighborhoods • Work | Census tract |
| <u>Healthy Places Index (HPI)</u> | <ul style="list-style-type: none"> • Clean environment • Economic • Education • Healthcare access • Housing • Neighborhood • Social • Transportation | Census tracts County City Congressional district State assembly district State senate district Elementary school district |
| <u>Injury & Death Data (EpiCenter)</u> | <ul style="list-style-type: none"> • Injury • Death | County |
| <u>Kids Count Data Center</u> | <ul style="list-style-type: none"> • Demographics • Education • Family and community • Health insurance • Poverty • Socioeconomic status | National State County City Congressional district |

| Data Source | Topics | National, State or Local Data |
|---|--|--|
| <u>KidsData</u> | <ul style="list-style-type: none"> • ACEs • Emotional and behavioral health • Child and youth safety • Children with special health care needs • COVID-19 Pandemic • Demographics • Education and childcare • Environmental health • Family economics • Physical health | State County City Legislative district School district |
| <u>Let's Get Healthy California, Healthy Beginnings</u> | <ul style="list-style-type: none"> • ACEs • Adolescent fruit and vegetable consumption • Adolescent sugar-sweetened beverage consumption • Adolescent tobacco use • Cesarean births • Childhood asthma ED visits • Childhood fitness • Childhood obesity • Child maltreatment • Child vaccination rates • Depression related feelings • Early reading levels • Infant mortality | State County |
| <u>Maternal and Infant Health Assessment (MIHA)</u> | <ul style="list-style-type: none"> • Breastfeeding • Birth outcomes • Depressive symptoms • Demographics • Hardship and support • Healthcare utilization • Health status • Health insurance • Infant mortality • Intimate partner violence • Maternal nutrition • Substance use | State County Regional |
| <u>National Equity Atlas</u> | <ul style="list-style-type: none"> • Demographics • Economic vitality • Readiness • Connectedness • Economic benefits | National State Region City |

| Data Source | Topics | National, State or Local Data |
|---|---|-------------------------------|
| <u>National Survey of Children's Health (NSCH)</u> | <ul style="list-style-type: none"> • Demographics • Family and household • Healthcare access • Mental health • Oral health • Physical health • Neighborhood safety • National Performance Measures • National Outcome Measures | National State |
| <u>Office of Child Abuse and Prevention (OCAP), California Department of Social Services Data Dashboard</u> | <ul style="list-style-type: none"> • Demographics • Health status • Socioeconomic status • Substance use • Violence • Service access • Child welfare • Racial disproportionality | State County |
| <u>Peristats</u> | <ul style="list-style-type: none"> • Births • Birth defects • Birthweight • Delivery method • Health insurance and income • Infections • Mortality • Obesity • Population • Prenatal care • Preterm birth • Singletons & multiples • Smoking, alcohol, and drugs | State County |
| <u>Public Policy Institute of California (PPIC) Survey Data</u> | <ul style="list-style-type: none"> • Climate change/energy • Criminal justice • Fiscal and governance reform • K-12 education • Political landscape • Population • Poverty and inequality | State |

| Data Source | Topics | National, State or Local Data |
|--------------------------------------|---|-------------------------------|
| <u>Race Counts</u> | <ul style="list-style-type: none"> • Economic opportunity • Health care access • Education • Housing • Crime and justice • Healthy built environment • Poverty • Other indicators | State County City |
| <u>Regional Opportunity Index</u> | <ul style="list-style-type: none"> • Civic Life • Health • Environment • Mobility/Transportation • Housing • Economy • Education | State County City |
| <u>Safe & Sound</u> | <ul style="list-style-type: none"> • Economic burden of child maltreatment • Fatalities from child maltreatment • Reported cases of child maltreatment • Substantiated cases of child maltreatment | State County |
| <u>State of Babies Yearbook 2019</u> | <ul style="list-style-type: none"> • Demographics • Good health • Strong families • Positive early learning experiences | National State |
| <u>Strong Start Index</u> | <ul style="list-style-type: none"> • Family • Health • Service • Financial | State County Regional |

GLOSSARY

The below content is a glossary of commonly utilized data terminology and can support Design Teams/community coalitions in efforts to utilize data to select a policy strategy, create compelling educational materials, and develop talking points and content for presentations that educate decision makers or gatekeepers about the community-led policy campaign.

- **Quantitative data:** Data expressing a certain quantity, amount, or range, such as height or weight.²³
- **Qualitative data:** Non-numerical data, such as text, video, photographs or audio recordings.²³
- **Prevalence:** Prevalence is the number of people with a particular characteristic divided by the total number of persons in a sample. Prevalence of a disease or health outcome is a proportion and may be expressed as a decimal, fraction, or percentage.²⁴
- **Risk:** Risk is the incidence proportion or the number of cases that occurred during a specified period of time divided by the size of the population at the start of the observation period.²⁵
- **Rate:** A rate is the frequency in which an event occurs among a defined population over a specific period of time. In other words, a rate describes how quickly disease or health outcomes occur in a population.²⁶
- **Risk ratio:** A risk ratio (RR) is also known as relative risk. This measure compares the risk of a disease or health outcome among one group with the risk among another group.²⁷

Interpreting Risk Ratios and Rate Ratios

- Risk/rate ratios of 1.0 mean the risk among two groups is identical.
- Risk/rate ratios greater than 1.0 indicate an increased risk for the group in the numerator.
- Risk/ratio ratios less than 1.0 indicates a decreased risk for the group in the numerator.

Interpreting Odds Ratios (OR)

- OR of 1.0 means the odds of exposure among cases and non-cases are equal. *The exposure is not associated with the outcome.*
- OR greater than 1.0 indicates a greater odds of exposure among cases than among non-cases. *The exposure may be a risk factor for the outcome.*
- OR less than 1.0 indicates a lower odds of exposure among cases than among non-cases. *The exposure may be a protective factor for the outcome.*

- **Rate ratio:** A rate ratio is derived by dividing the rate of disease or outcomes in the primary group of interest by the rate of disease or outcomes in the reference group.²⁷
- **Odds ratio:** An odds ratio (OR) quantifies the relationship between an exposure with two categories (e.g., exposed and unexposed) and a health outcome. The OR tells us if the odds of exposure among cases is higher or lower than the odds of exposure among non-cases.^{27,28}
- **Reliability:** Reliability refers to the reproducibility of data. Reproducibility means if the exact same methods were carried out, the same results would be observed.²⁹
- **Validity:** Validity refers to accuracy of the data. Research methods and study design can introduce bias and affect the validity of results.²⁹
- **Generalizability:** Generalizability refers to how well researchers can use study results to make inferences about the whole population or other populations. Generalizability depends on how the data is collected and if the sample is representative of the target population.³⁰
 - **Target population:** The target population is the larger population that you want to generalize results about.³⁰
 - **Study population:** The study population is a subset of the target population that are able to be recruited for a study and meet eligibility criteria.³⁰
 - **Study sample:** The study sample is the group of people who agree to participate in a study and contribute data.³⁰
- **Correlation vs. causation:** *Correlation does not mean causation.*^{31,32}
 - **Correlation** means that there is a relationship between two data points, but we cannot prove that one factor caused the other.
 - **Causation** means that one event caused another event to happen. This can only be determined from a well-designed experiment.
 - Why does correlation not equal causation?
 - While data we use to assess community wellbeing reveals a relationship about two variables, we cannot assume that one variable caused the other. It is possible that there is an additional factor involved or the relationship observed could be a coincidence.
 - To avoid implying causation, use phrases like “correlated” or “associated.” For example: “Economic hardship is *correlated* with higher risk of child abuse and neglect” (correlation).³³
 - Avoid using causal phrases: “Economic hardship *causes* child abuse and neglect” (causation).
 - To think about the different types of relationships that can occur between two variables, please see the following examples of correlations:³¹
 - Positive correlation: As x increases, y tends to increase.
 - Negative correlation: As x increases, y tends to decrease.
 - No correlation: As x increases, y tends to stay the same, or there is no clear pattern.

- **Credibility:** Credibility refers to the source of the data and if you can trust the entity that provides the data and the quality of the research methods used to collect the data.²²
 - When using outside sources, consider who funded the study, if they have expertise in the topic area, and if there is a possible conflict of interest.
 - Please see the table of existing data sources from credible institutions included in this document.
- **Logic model:** A logic model is a visual depiction of the relationship between program activities and the intended effects of that program.³⁴ Logic models are tools for planning, describing, and evaluating a program or intervention. The following key terms are examples of components that can be included in a logic model:
 - Inputs: Resources needed to implement program activities
 - Activities: What the program and staff do with their resources
 - Outputs: Products, capacities, or deliverables that result from program activities
 - Outcomes: Short-term and intermediate changes that occur in people or conditions because of program activities and outputs
 - Impacts: Long-term outcomes
 - Moderators: Contextual factors that may help or hinder achievement of the outcomes³⁵
 - View the [CDC's Framework for Program Evaluation webpage](#) for step-by-step information about how to develop a logic model.
- **Theory of change:** A theory of change provides rationale for how program inputs, activities, and outcomes are expected to lead to outcomes depicted in a logic model. Utilizing a theory of change to guide program planning provides an evidence-based framework for studying a problem, developing appropriate strategies or interventions, and evaluating the outcomes.³⁶ Explore the different types of theories that can support effective public health programs in the [National Cancer Institute's Theory at a Glance: A Guide For Health Promotion Practice](#).

ADDITIONAL RESOURCES

- [All Children Thrive - California \(ACT\)](#)
- [California Essentials for Childhood \(EfC\) Initiative](#)
- [All Children Thrive - California Data Dashboards](#)
- [Essentials for Childhood Initiative California Child Wellbeing Coalition e-Guide](#)
- [KidsData](#)
- [PACEsConnection](#)
- [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#)
- [California Accountable Communities for Health Initiative webpage](#)
- [Prevention Institute's Community Safety Realized: Public Health Pathways to Preventing Violence Report](#)
- [Actionable Intelligence for Social Policy's \(AISP\) Toolkit for Centering Racial Equity Throughout Data Integration](#)
- [Mental Health Services Oversight and Accountability Commission \(MHSOAC\)](#)
- [Othering & Belonging Institute at University of California Berkeley](#)

REFERENCES

1. Healthtrust.org. (2012). What Is Policy, Systems and Environmental (PSE) Change? Retrieved from http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28_Policy_Systems_and_Environmental_Change.pdf
2. Centers for Disease Control and Prevention. (2019). Preventing adverse childhood experiences: Leveraging the best available evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
3. Centers for Disease Control and Prevention. (2020). Preventing adverse childhood experiences. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
4. Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). Lifecourse health development: past, present and future. *Maternal and Child Health Journal*, 18(2), 344–365.
5. Mistry, K. B., Minkovitz, C. S., Riley, A. W., Johnson, S. B., Grason, H. A., Dubay, L. C., & Guyer, B. (2012). A new framework for childhood health promotion: the role of policies and programs in building capacity and foundations of early childhood health. *American Journal of Public Health*, 102(9), 1688-1696.
6. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., ... Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4): 245-58.
7. Bhushan, D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S.R., Powers, C., Olson-Morgan, J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., Burke Harris, N., Office of the California Surgeon General (2020). Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General. DOI: 10.48019/PEAM8812.
8. California Department Public Health, Injury and Violence Prevention Branch and the California Department of Social Services, Office of Child Abuse Prevention, California Essentials for Childhood Initiative, the University of California, Davis Violence Prevention Research Program, the University of California, Firearm Violence Research Center (2020). Adverse Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017: An Overview of Adverse Childhood Experiences in California. Sacramento, CA: California Department of Public Health and the California Department of Social Services.
9. Robert Wood Johnson Foundation (2013). Adverse Childhood Experiences: The Truth About ACEs Infographic. Retrieved from <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>
10. Children Now (2021). How the Pandemic is Affecting Every Aspect of Children's Lives. Retrieved from <https://www.childrennow.org/blog/covid-19-infographic/>
11. Jones, C. (2020). California sees steep drop in reports of child abuse since school campuses closed. EdSource. Retrieved from: edsources.org/2020/california-sees-steep-drop-in-reports-of-child-abuse-since-campus-closed/640462.

REFERENCES (CONTINUED)

12. Centers for Disease Control and Prevention. Picture of America: Our Health and Government. Prevention. Atlanta, GA, Centers for Disease Control and Prevention.
13. ChangeLab Solutions (2017). What Is Policy? Retrieved from <https://www.changelabsolutions.org/sites/default/files/WhatIsPolicy-FINAL-CLS-201705.pdf>
14. Center for Community Health and Development. Chapter 25: Changing Policies. University of Kansas. Retrieved from the Community Tool Box: <https://ctb.ku.edu/en/table-of-contents/implement/changing-policies/overview/main>
15. Global Road Safety Partnership. Elements Of A Policy Advocacy Campaign: Guidance For Civil Society Organizations. Retrieved from https://www.grsproadsafety.org/wp-content/uploads/Elements-of-a-Policy-Advocacy-Campaign_Full-Version.pdf
16. Bobo, K. A., Kendall, J., & Max, S. (2001). Organizing for Social Change: Midwest Academy Manual for Activists. Santa Ana, CA: Forum Press.
17. Brownson, R. C., Chiqui, J. F., & Stamatakis, K. A. (2009). Understanding evidence-based public health policy. *American journal of public health*, 99(9), 1576–1583. <https://doi.org/10.2105/AJPH.2008.156224>
18. Racial/Ethnic Data Disaggregation for Health Equity. *Popul Res Policy Rev*. 2021 Jan 8:1-7. doi: 10.1007/s11113-020-09631-6. Epub ahead of print. PMID: 33437108; PMCID: PMC7791160.
19. Chapter 3: Defining Categorization Needs for Race and Ethnicity Data. Content last reviewed May 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata3a.htm>
20. Rak, K., Matthews, A.K., Peña, G., Choure, W., Ruiz, R.A., Morales, S., ... Anderson, E.E. (2020). Priority Populations Toolkits: Enhancing researcher readiness to work with priority populations. *Journal of Clinical and Translational Science*, 4: 28–35. doi: 10.1017/cts.2019.436
21. Wang, C. & Burris, M.A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education & Behavior*, 24(3): 369-387.
22. Kidsdata.org, a Program of the Population Reference Bureau. Data in Action. Retrieved from <https://www.kidsdata.org/datainaction#23/data-in-action>
23. McBurney, D. & White, T. L. (2007). Research methods. Australia: Thomson/Wadsworth.
24. National Institute of Mental Health (NIMH) (2017). What is Prevalence? Retrieved from <https://www.nimh.nih.gov/health/statistics/what-is-prevalence.shtml>
25. Centers for Disease control and Prevention, Deputy Director for Public Health Science and Surveillance (DDPHSS), Center for Surveillance, Epidemiology, and Laboratory Services, Division of Scientific Education and Professional Development (2012). Principles of Epidemiology in Public Health Practice, Third Edition An Introduction to Applied Epidemiology and Biostatistics: Lesson 3: Measures of Risk: Section 2: Morbidity Frequency Measures. Retrieved from <https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section2.html>

REFERENCES (CONTINUED)

26. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Workforce and Career Development, & Career Development Division (2012). Principles of Epidemiology in Public Health Practice: An Introduction to Applied Epidemiology and Biostatistics, Third Edition. Retrieved from <https://www.cdc.gov/csels/dsepd/ss1978/SS1978.pdf>
27. Centers for Disease control and Prevention, Deputy Director for Public Health Science and Surveillance (DDPHSS), Center for Surveillance, Epidemiology, and Laboratory Services, Division of Scientific Education and Professional Development (2012). Principles of Epidemiology in Public Health Practice, Third Edition An Introduction to Applied Epidemiology and Biostatistics: Lesson 3: Measures of Risk: Section 5: Measures of Association. Retrieved from <https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section5.html>
28. Centers for Disease control and Prevention, Deputy Director for Public Health Science and Surveillance (DDPHSS), Center for Surveillance, Epidemiology, and Laboratory Services, Division of Scientific Education and Professional Development (2019). Interpreting Results of Case-Control Studies. Retrieved from https://www.cdc.gov/training/SIC_CaseStudy/Interpreting_Odds_ptversion.pdf
29. Kidsdata.org, a Program of the Population Reference Bureau. Data in Action: Five Criteria for Good Data. Retrieved from <https://www.kidsdata.org/datainaction#1124/five-criteria-for-good-data>
30. Banerjee, A., & Chaudhury, S. (2010). Statistics without tears: Populations and samples. *Industrial psychiatry journal*, 19(1), 60–65. <https://doi.org/10.4103/0972-6748.77642>
31. Khan Academy. Correlation and Causation | Lesson (article). Khan Academy. Retrieved from <https://www.khanacademy.org/test-prep/praxis-math/praxis-math-lessons/gtp--praxis-math--lessons--statistics-and-probability/a/gtp--praxis-math--article--correlation-and-causation--lesson>.
32. JMP. Correlation vs Causation. Retrieved from https://www.jmp.com/en_us/statistics-knowledge-portal/what-is-correlation/correlation-vs-causation.html
33. Lefebvre, R., Fallon, B., Van Wert, M., & Filippelli, J. (2017). Examining the Relationship between Economic Hardship and Child Maltreatment Using Data from the Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013). *Behavioral sciences (Basel, Switzerland)*, 7(1), 6. Retrieved from <https://doi.org/10.3390/bs7010006>.
34. Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, State Heart Disease and Stroke Prevention Program. Evaluation Guide: Developing and Using a Logic Model. Retrieved from https://www.cdc.gov/dhdsp/docs/logic_model.pdf
35. Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2018). Program Evaluation Framework: Checklist for Step 2. Retrieved from <https://www.cdc.gov/eval/steps/step2/index.htm>
36. National Cancer Institute (2005). Theory at a Glance: A Guide For Health Promotion and Practice. Retrieved from <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

If you have feedback, questions, or would like to know more about this document, please contact: ivpb@cdph.ca.gov

SUGGESTED CITATION

All Children Thrive - California, California Department of Public Health, Injury and Violence Prevention Branch and California Department of Social Services, Office of Child Abuse Prevention, California Essentials for Childhood Initiative (2021). Utilizing Data to Improve Child Wellbeing Through Community Action. Sacramento, CA: All Children Thrive - California, California Department of Public Health, California Department of Social Services.